

# Department of Human Services

Prepared by the  
DHS Office of  
Communications  
(517) 373-7394



## Articles in Today's Clips Monday, October 8, 2007

(Be sure to maximize your screen to read your clips)

<u>TOPIC</u>	<u>PAGE</u>
*Health Care	2-8
Foster Care	9
Juvenile Justice	10-13
Domestic Violence	14-19
Migrant Workers	20-21
Homelessness	22
Charities	23

\*Important story at this spot

## Health plans have barriers, group says

Blacks' access to drugs often blocked

October 8, 2007

BY PATRICIA ANSTETT

FREE PRESS MEDICAL WRITER

Too many of Michigan's health plans, particularly Medicaid health maintenance organizations, impose barriers to getting prescription drugs that help people manage symptoms for asthma, heart problems, diabetes and mental illness, a Grand Rapids health institute concludes in the state's first rankings on the issue.

The report is to be released later today by the Grand Rapids African American Health Institute, a nonprofit health education and advocacy organization.

### Advertisement

It rates 21 Michigan plans and the Department of Veterans Affairs on obstacles that keep patients from getting prescription medicines for four of the nation's biggest health problems. The ratings have particular significance for African Americans because they have higher rates of the four diseases or have higher risks for them, the institute said.

The top-ranked commercial health plan was Blue Cross and Blue Shield of Michigan.

Health Plan of Michigan received the best ratings for a Medicaid HMO. Only three Medicaid HMOs ranked in the top 10 for overall access.

The lowest rankings went to two Physicians Health Plan of Michigan products; Veterans Affairs; Great Lakes Health Plan, and Total Healthcare, all with below-average ratings.

Obstacles include high drug co-pays; requiring patients to obtain special permission for some prescription drugs, or requiring doctors to try cheaper drugs before they can prescribe costlier, potentially more effective ones.

Studies "clearly demonstrate that when consumers are required to pay more for drugs, they use them less," said Dr. Khan Nedd, the institute's chairman.

Nedd said the institute is working with health plans to improve access to needed drugs.

The issue is important, he said, because many consumers pick a health plan blindly, without knowing whether they can easily get medicines to control their chronic health problems.

The institute picked the four classes of drugs because the conditions adversely affect African Americans, Nedd said. He said he hopes the report circulates widely so Medicaid patients, in particular, know how plans fared before April, the next time the patients can enroll in or change health plans.

T.J. Bucholz, spokesman for the Michigan Department of Community Health, which oversees the Medicaid program, said the state works hard to ensure equal access to prescription drugs among Medicaid members.

"We will redouble our efforts to make sure our HMOs are not an obstacle," he said.

For details, go to [www.graahi.org.cq](http://www.graahi.org.cq)

Contact **PATRICIA ANSTETT** at 313-222-5021 or [panstett@freepress.com](mailto:panstett@freepress.com).

**Find this article at:**

<http://www.printthis.clickability.com/pt/cpt?action=cpt&title=Health+plans+have+barriers%2C+group+s...> 10/8/2007



## For the poor, medicine plays hard to get

Monday, October 08, 2007

By Kyla King

**The Grand Rapids Press**

GRAND RAPIDS -- A study being released today says low-income people in Michigan with certain state-funded health insurance plans generally have a harder time getting prescription medications for common illnesses than patients with private coverage.

Sponsored by the Grand Rapids African American Health Institute, the report ranks 21 Michigan-based health plans on how easy they make it for patients to obtain prescription drugs.

The study looked at 130 of the most-prescribed drugs for heart disease, diabetes, depression and asthma.

The study was conducted by Ferris State University students who are studying to be pharmacists. The students spent 56 hours developing a spreadsheet comparing prescription drug coverage formulas posted online for the 21 plans.

Rankings were higher if copays were lower and patients had less "hassle factor" -- such as needing prior authorization from doctors, being required to try cheaper drugs first, or being restricted to a list of specified drugs.

Health advocates say the first-ever ranking is significant because many people with government-funded "Medicaid" insurance are blacks and other minorities, groups that are more likely to suffer from heart disease, diabetes and high blood pressure.

Advocates argue it will save money for everyone in the long run if insurance companies heed the findings and make it easier for consumers to get the drugs they need to keep chronic conditions in check.

"The average cost to treat a heart attack is \$46,000," said Lody Zwarensteyn, president of the Alliance for Health, the area's health planning agency. "You can buy a lot of pills for \$46,000."

Dr. Khan Nedd, board chairman for the GRAAHI, said insurance companies also may be making patients sicker because many people may give up trying to get the drugs they need to control their condition if it means jumping through a lot of hoops to get them.

And, in some cases, requiring patients to use cheaper drugs first, or restricting access to some drugs altogether, can worsen their conditions, he said.

**Send e-mail to the author: [kking@grpress.com](mailto:kking@grpress.com)**

©2007 Grand Rapids Press

© 2007 Michigan Live. All Rights Reserved.

Detroit News

Sunday, October 07, 2007

Eugene Robinson

## Bush's veto on kids' health care is a joke

To say George W. Bush spends money like a drunken sailor is to insult every gin-soaked patron of every dockside dive in every dubious port of call. If Bush gets his way, the cost of his wars in Iraq and Afghanistan will soon reach a mind-blowing \$600 billion. Despite turning a budget surplus into a huge deficit, the man still hasn't met a tax cut he doesn't like. And when the Republicans were in charge of Congress, Bush might as well have signed their pork-stuffed spending bills with a one-word rubber stamp: "Whatever."

So for Bush to get religion on fiscal responsibility at this late date is, well, a joke. And for him to take his stand on a measure that would have provided health insurance to needy children is a punch line that hasn't left many Republicans laughing.

Bush's veto Wednesday of a bipartisan bill reauthorizing the State Children's Health Insurance Program was infuriatingly bad policy. An estimated 9 million children in this country are not covered by health insurance -- a circumstance that should shock the conscience of every American. Democrats and Republicans worked together to craft an expansion of an existing state-run program that would have provided insurance coverage for about 4 million children who currently don't have it.

It was one of those art-of-the-possible compromises designed to advance the ball toward what has become a national goal. Health care is arguably the biggest domestic issue in the presidential contest and, while the candidates and the country may be all over the map in terms of comprehensive solutions, there's a pretty broad consensus that some way has to be found to ensure that children, at least, are covered.

Make that an extremely broad consensus: According to a Washington Post/ABC News poll released this week, 72 percent of Americans supported the bill Bush vetoed.

The program Congress voted to expand provides health insurance for children who fall into a perilous gap: Their families make too much money to qualify for Medicaid, but don't make enough to afford health insurance. The cost of covering an additional 4 million children was estimated at

around \$35 billion over five years. That's a lot of money. But in the context of a \$13 trillion economy -- and set against Bush's history of devil-may-care, "buy the house another round" spending -- it's chump change.

Bush's stated reasons for vetoing the SCHIP bill left even reliable congressional allies -- such as Republican Sens. Orrin Hatch of Utah and Charles Grassley of Iowa, both of whom supported the legislation -- sputtering in incomprehension. As for me, I don't know what to call the president's rationale but a pack of flat-out lies.

The president said Congress was trying to "federalize health care," even though the program in question is run by the states. The president said that "I don't want the federal government making decisions for doctors and customers," even though the vetoed bill authorizes no such decisions -- the program enrolls children in private, I repeat private, health insurance plans.

And here's my favorite: "This program expands coverage, federal coverage, up to families earning \$83,000 a year. That doesn't sound poor to me." But the bill he vetoed prohibits states from using the program to aid families who make more than three times the federal poverty limit, or about \$60,000 a year for a family of four. Most of the aid would go to families earning substantially less.

Bush's spurious \$83,000 figure comes from a request by New York state to be able to use the program for some families earning four times the poverty limit. That request was denied by the Bush administration last month -- and that upper limit is not in the bill Bush vetoed. End of story. If New York or any other state were to ask again to be able to raise the income limits, the administration could simply say no.

Bush seems to be upset that Congress didn't adopt his pet idea to tackle the health insurance issue through -- guess what? -- tax breaks. None of the major players on Capitol Hill thought this would work. When the White House persisted, Congress moved ahead on its own.

Hatch said he believed Bush had been given bad advice from his staff. He didn't take the next step and draw what seems to me the obvious conclusion: Either Bush didn't understand the bill he vetoed, or he's just being petulant -- with the health of 4 million children at stake.

"I hope the folks at home raise Cain," Hatch said. Oh, I think they will.

Eugene Robinson writes for the Washington Post. His column is distributed by the Washington Post Writers Group, 1150 15th NW, Washington, DC 20071. You can reach him at [eugenerobinson@washpost.com](mailto:eugenerobinson@washpost.com).

This is a printer friendly version of an article from **battlecreekenquirer.com**  
To print this article open the file menu and choose Print.

[Back](#)

---

Article published Oct 7, 2007

EDITORIAL

Bush, Congress must reach accord on SCHIP

Once again our elected officials have decided to make political hay by stirring up controversy instead of engaging in serious negotiations to resolve an important issue.

The latest target for partisan animosity is renewal of the State Children's Health Insurance Program. SCHIP was created a decade ago to provide health-care insurance for children of working families who did not qualify for Medicaid but did not have access to or could not afford private coverage.

In Michigan, SCHIP helps fund the MICHild and Healthy Kids programs, both of which seek to ensure that children get the medical attention they need at a very reasonable cost to their families.

With SCHIP set to expire this year, Congress last spring began crafting measures to not only renew the program but to expand it to more children. The U.S. House and Senate approved very different versions of SCHIP legislation, and negotiators worked for many months to come to agreement on a compromise version that passed both chambers. Congress agreed to increase funding from the current \$5 billion a year to \$12 billion a year over the next five years, allowing an additional six million children nationwide to receive coverage.

Despite Congress' bipartisan support for the measure, President Bush has been adamant in only supporting an increase of SCHIP funding from \$5 billion to \$6 billion a year for the next five years - an amount that would not sustain coverage of those children currently in the program, much less allow for expansion. The president is opposed to the increase approved by Congress, saying it will allow some families to switch their children from private insurance to programs funded by SCHIP. The Congressional Budget Office confirms that about two million children would make the change from private insurance.

So the president vetod the congressionally approved bill last week, and it is doubtful that the House can muster the two-thirds votes necessary to override the veto. In the meantime, SCHIP funding has been extended through mid-November.

We doubt that either Congress or the president will allow the SCHIP program to end and risk the political fallout. So why could not the White House have worked with Congress to negotiate a compromise without a presidential veto and Republicans' exaggerated warnings of "socialized medicine" as Democrats organized protests to make the GOP look as if it were tossing sick children into the street?

The bottom line is that the SCHIP program has proven very effective in providing access to health care for children - an issue that is only going to get more serious as both medical and insurance costs continue to escalate.

After the president vetod Congress' bill, there were howls of protests. But ultimately lawmakers and the White House will reach some type of compromise on increasing SCHIP funding. Why couldn't it be done without a veto and political firestorm?

---



## THE ANN ARBOR NEWS

### S-Chip expansion the right thing

Monday, October 08, 2007

No one can accuse Sen. Orrin Hatch of Utah of being an exponent of big government, but he realizes that the children's health insurance program he co-sponsored in 1997 needs to be expanded.

Because of Republicans like him, the bill that would cover an additional 3.8 million youngsters has enough support in the Senate to override President Bush's indefensible veto. With a push by the bill's coalition of backers, it will also get the 15 to 20 votes needed to override the veto in the House.

Supporters of the State Children's Health Insurance Program (S-Chip) need to convince such Republicans as Rep. Randy Kuhl of New York that the bill is not a stop on the road to socialized medicine, nor does it expand subsidies to the "upper class," as he said in a press release. Rather, it is an attempt to provide insurance, largely through private companies, to children in families living at up to 300 percent of the federal poverty level.

For a family of three, that 300-percent figure is \$51,510 a year. This is hardly the upper class, although under the current law they would not qualify for S-Chip, which usually limits coverage to those making less than 200 percent of the poverty limit. Perhaps people in that 300-percent income range could have afforded insurance in 1998, when S-Chip took effect. Since then, the cost of an employer-based policy has soared 125 percent, while wages have gone up 34 percent.

Kuhl is among the Republicans who are being targeted by the Democrats for opposing the S-Chip expansion. They are unwise to support the president, who Hatch believes got bad advice from his aides. S-Chip expansion ought to be a bipartisan success, as its initial passage was in 1997.

Eight Democrats also opposed the bill, most of them from tobacco-growing states. They dislike the 61-cents-per-pack increase in the tobacco tax that would finance the S-Chip package. Perhaps it would have been better to pay for it out of general revenues, but this is an honest compromise.

The first override vote isn't until Oct. 18, plenty of time for the American Medical Association, the American Cancer Society, the association of America's Health Insurance Plans, and all the other groups supporting S-Chip to persuade 15 to 20 representatives to join the 265 who have already voted for the bill. As Hatch said last week, it's "the morally right thing to do."

The Boston Globe

©2007 Ann Arbor News

© 2007 Michigan Live. All Rights Reserved.



## Other View: Some misplaced priorities

---

President Bush's veto of the children's insurance bill is like Imelda Marcos denying a barefoot child a pair of shoes. The president complains that expanding health coverage for low-income children would cost too much and lead to socialized medicine. Neither assertion is true.

Worse, those claims ring hollow from a president who has exercised little fiscal restraint, including pushing the most expensive expansion of government-run health care ever: Medicare Part D, the new prescription-drug benefit.

Now it's up to Congress to override this veto. ...

Meanwhile, President Bush is asking Congress to approve an additional \$200 billion in supplemental war funding. Yet the president vetoed the children's insurance bill because it would cost taxpayers an extra \$35 billion annually ... a sum spent in three months for operations in Iraq. ...

The majority of Americans support expanding the children's health-insurance program. President Bush is on the wrong side of this issue, and for the wrong reasons. Republicans should vote to override the veto.

Miami Herald

Copyright © 1999-2006 cnhi, inc.



# toledoblade.com®

© 2007 The Blade. [Privacy and Security Statement](#). By using this service, you accept the terms of our [visitor agreement](#). Please read it.

To print this article, choose **Print** from the File menu.

▼ advertisement ▼

[Back](http://toledoblade.com/apps/pbcs.dll/article?AID=/20071008/OPINION02/710080313) to: <http://toledoblade.com/apps/pbcs.dll/article?AID=/20071008/OPINION02/710080313>

---

Article published October 8, 2007

## Supporting foster parents

RAISING foster children on the cheap is a shameful reflection of society's misplaced priorities. It says the costs associated with normal child-rearing can be shaved because the transient, temporary living arrangements of these unfortunate youngsters draw little public attention except when foster parents are found to be abusive.

Unfortunately, Ohio again finds itself near the bottom in terms of state-provided foster parent support, among five states that would have to more than double current reimbursement to meet "minimum adequate rates" for food, clothing, school supplies, and other incidentals related to foster care.

The data to determine how much is adequate was compiled by the University of Maryland School of Social Work, the National Foster Parent Association, and Children's Rights, a New York-based advocacy group.

Subsidizing foster parents is a state responsibility. Federal law does not set a national minimum. As a result, states are free to set their own base rates. That freedom accounts for a huge disparity in subsidies, ranging from \$236 a month in Nebraska to \$869 in the District of Columbia.

Investigators analyzed regional living expenses and calculated, on a state-by-state basis, the minimum expense it takes to raise a foster child. To even meet that minimum, the study found, base payments in 28 states would have to be raised by at least 50 percent.

The situation in neighboring Michigan is somewhat better. It is one of 14 states that needs an increase of from 51 percent to 75 percent to meet the minimum. Only Arizona and the District of Columbia already pay foster parents more than the minimum amount computed by the researchers.

On any given day, more than 500,000 U.S. children are in foster care. Three quarters live with foster parents; the rest are in group homes and institutions.

While it might be argued that people who take parentless children into their homes should do so out of a sense of altruism rather than a profit motive, society has long recognized the need to subsidize foster parents monetarily to ensure there is reliable care and nurturing for kids when it is needed.

The prospect of collecting a regular government check has proven to be a lure for a few unscrupulous individuals, who feign interest in parenting to get the money, and there are the obviously disturbed scoundrels like the Huron County couple who made their foster children sleep in cages.

But instances of wrongdoing should not cause government to shortchange the many selfless individuals who open their homes and hearts to children who desperately need both. That only hurts the youngsters.

Finding temporary homes for children with competent caregivers is a task that becomes less safe and predictable when states decline to pay foster parents an adequate stipend for what is, after all, one of the most important tasks in our society.



## Teen involved in slaying sent to treatment facility

**FLINT**

**THE FLINT JOURNAL FIRST EDITION**

Monday, October 08, 2007

**By Paul Janczewski**

**pjanczewski@flintjournal.com • 810.766.6333**

One of three teens involved in the slaying of a man sitting in his car at the Howard Estates apartment complex has been sent to a residential treatment facility in Iowa.

The teen, 14, who is not being identified because he was charged as a juvenile in Probate Court, pleaded guilty to armed robbery and felony firearm use in the Jan. 18 slaying of Timothy A. Cooke.

Meanwhile, Demorreia D. Henry, 15, of Mt. Morris faces a circuit court arraignment today on charges of first-degree murder, felony murder, carrying a concealed weapon and felony firearms in the case. He was charged as an adult.

Police are still seeking a third teen who allegedly provided the gun that Henry used to shoot Cooke.

Cooke, 26, was found about 4:45 p.m. in the parking lot of Howard Estates on Howard Avenue near Lapeer Road.

The juvenile, who was 13 when the slaying occurred, told Genesee Family Court Judge Michael J. Theile that he, Henry and another teen were walking through the complex when they saw Cooke and decided to rob him.

He said he and Henry walked up to the vehicle and Henry shot the man, who had been talking on his cellphone, as the victim tried to swat the gun away.

Prosecutors amended a murder charge against the teen to armed robbery and added a weapons charge.

During his hearing before Theile, the teen pleaded to those charges and was immediately sentenced by the judge.

Relatives of the victim spoke to the teen before he was sentenced and said they hope he finds a way to change his life. One said she hoped the teen takes advantage of the opportunity he's been given.

The teen, sitting with his attorney, Rande Wright, cried as he leafed through a book of pictures of the victim that the relatives showed him.

"I'm truly sorry for what happened," he told the victim's relatives.

Theile sentenced the boy to the Clarinda Academy in Clarinda, Iowa. The youth residential treatment facility offers teens schooling and other mentoring to turn their lives around.

But Theile told the teen he would be placed there under a "zero tolerance" policy, meaning if he has even one problem he could then be sent to a training school where he would be lodged until he is 21 years old.

Theile said the teen's case will be reviewed in March.

Flint Police Sgt. Lee Ann Gaspar said anyone with information on the third suspect is asked to call her at (810) 237-6925, the police patrol desk at (810) 237-6801 or Crime Stoppers at (800) 422-JAIL.

\*\*\*

©2007 Flint Journal

© 2007 Michigan Live. All Rights Reserved.

This is a printer friendly version of an article from **battlecreekenquirer.com**  
To print this article open the file menu and choose Print.

[Back](#)

---

Article published Oct 8, 2007

Winkler tells students: Work toward your dreams

Starr Commonwealth celebrates 94th year helping youth

**Nick Schirripa**

*The Enquirer*

ALBION — What started in 1913 with Floyd Starr and a single cottage has grown into an international organization, and Starr Commonwealth celebrated its 94th year on Sunday.

The annual Founder's Day celebration drew some 1,500 people to the Albion campus, including students and their families, alumni, staff, trustees and guests.

Among the alumni was Rob Stachurski, 18, of Hazel Park, who said he spent a year as a Starr Commonwealth student.

"I was really skeptical at first," Stachurski said, declining to explain why he came to Starr. "A couple of months in, I saw the sincerity and how they were trying to help me."

Stachurski said when he first came to Starr, he lived in the moment.

"I didn't even really see myself in the future," he said.

But thanks to Starr Commonwealth, Stachurski said, he now has a job and is planning to attend college to study engineering.

While the day's celebration focused on Starr's near-century of helping kids who have struggled in traditional class and social settings, a special guest connected the dots between what students experience every day and the success they long for.

Henry Winkler, an actor, director, producer and author who perhaps is best known for his character Arthur "The Fonz" Fonzarelli on the television show "Happy Days," was the event's keynote speaker.

Martin Mitchell, Starr Commonwealth's president and chief executive officer, said Winkler's life, message and example complemented the organization's belief in the strengths of young people and focus on the potential and greatness of students.

"He's a fantastic individual who cares about children deeply," Mitchell said. "The most important ingredient at Starr Commonwealth is people who genuinely care about children."

"Henry Winkler was an obvious choice for us, given everything he's done."

Winkler told Starr students they have to make the most of themselves because they only get one chance, and it's the only way to give back to others.

He struggled through grade school, worked his way through four years in Emerson College's drama department and was one of the top three students in school of drama class at Yale University, but Winkler said his battle with his then-undiagnosed dyslexia made him the "king of negativity."

"People always told me, 'You're stupid,' 'You're lazy,' 'You're not living up to your potential,'" he said. "People will tell you stuff your whole life, but all you need to know is what's in your heart, what's your instinct, and it will take you anywhere."

Winkler, 62, has written 13 novels in the "Hank Zipzer" series, based on Winkler's life, about a 14-year-old boy with learning difficulties, but even that step in Winkler's life is tinged with negativity.

"When I was first asked to write the books — in 1998, I believe — I said, 'no,'" he said. "I can't write because I'm in the bottom 3 percent of the country academically."

Winkler told the Starr students to stop negative thoughts before they're complete.

"Don't put a period on the end of that negative thought," he said. "There is no nutritional value in negative thinking. When you become

negative, you stop walking toward your dream."

Stachurski said he was inspired by Winkler's message.

"The way he carries himself, you'd never picture him with a learning disability," Stachurski said. "I think it will be something I carry with me. I can accomplish what I want even if I have everybody telling me, 'no.'"

*Nick Schirripa can be reached at 966-0692 or [nschirrip@battlecr.gannett.com](mailto:nschirrip@battlecr.gannett.com).*

---



## Statistics of domestic violence staggering

Sunday, October 07, 2007

By Susan Harrison Wolffis

[susanharrison@muskegonchronicle.com](mailto:susanharrison@muskegonchronicle.com)

The statistics are staggering.

One in three women in the United States will be battered, beaten or abused in her lifetime.

In each case, the assailant is no stranger.

Nor is the attack a random act of violence.

Her abuser -- the person who beats her up, leaves her bloodied, breaks her down physically and emotionally -- is her husband, her boyfriend, her lover or partner.

Call it domestic violence, spouse abuse, wife-beating.

Whatever its name, it is one of the most complicated, perplexing and dangerous family matters facing society today.

This week, The Chronicle looks at the ongoing problem of domestic violence and how it affects different segments of society -- from spouses and partners to the children of assailants and victims and the police officers who intervene in emotionally and physically charged situations.

"There are no easy answers" to the problem, said Susan P. Johnson, executive director of Every Woman's Place/Webster House Youth Services that offers emergency shelter and treatment programs to abused women in Muskegon.

"We'd like to think it's a problem that's been solved, but here we are in the 21st century, still talking about domestic violence: evidence it still exists," she said.

It begs the question: Why do so many women stay in violent relationships?

"It seems to me that's asking the wrong question," Johnson said. "We shouldn't be asking why doesn't she leave. We should be asking: 'Why does he do that to her?'"

For more than 30 years, Every Woman's Place -- one of the first women's emergency shelters in Michigan -- has provided short-term refuge, counseling, job training and long-term transitional housing for thousands of abused women and their children.

And yet, many of the women return home to their assailants.

To outsiders, as well as some professionals, their actions are downright confounding.

"A rational person says if it were me who was being abused, I'd just walk out ... But really, you have no idea how you'd behave," said Beverly Geyer, a former director of the Michigan Domestic Violence Prevention and Treatment board and founding director of Every Woman's Place.

At the "very root" of domestic abuse is "the issue of power and control," she said.

"An abuser convinces you you can't survive without him," Geyer said, "and because you've been so beaten down, you believe him."

She speaks from personal and professional experience. At 71, Geyer is a survivor of domestic violence in her first marriage.

In years past, police officers were unable to arrest perpetrators unless they witnessed the assault.

For a long time, there were no shelters, no safe houses, no one who believed abused women's stories. During less enlightened times, there were some who countered talk of abuse with the standard: "She must like it (being beaten) if she goes back." Many churches encouraged women to stay in unhappy marriages, even those that were abusive.

Today, many of those barriers have been removed. And yet, on average, one in every three women still is being abused.

Again the question: Why don't they leave forever?

"The No. 1 reason is fear," Johnson said.

There is no "typical" profile of an abuser. Domestic violence crosses every socioeconomic, racial and religious boundary, making it an "equal opportunity" social ill, said Luke Reynolds, who oversees the behavioral health programs at Catholic Charities of West Michigan -- Lakeshore, formerly Catholic Social Services in Muskegon.

There is no typical profile, Johnson said, but many of the men's tactics are the same. The assailant threatens the safety of the woman's parents, siblings, co-workers, even the family pets. He tells the woman she will never see their children again -- or worse -- if she leaves. And always, he threatens her safety.

Domestic violence experts compare the psychological damages of battered women to what prisoners of war experience.

Add into the confusing dynamic: love.

"Very few people are all bad," Geyer said. "Abuse doesn't happen 24 hours a day for most people; there are those moments when you have such hope ... hope that it will be good again like it was in the beginning."

Conventional wisdom -- not to mention worried family members and friends -- has warned women that violence in a relationship escalates in frequency and severity.

"Violence can build so gradually, often the woman doesn't realize the direction the relationship is taking," Johnson said.

But new research into domestic violence reveals almost shocking information, she said.

"In the overwhelming majority of cases, there was no sign of violence until there was a firm commitment between the partners," Johnson said.

The commitment usually involved the relinquishing of independence.

"Marriage, pregnancy, deciding to move in with each other, those kinds of things," said Johnson, who recently earned her doctoral degree from Michigan State University and specialized in child welfare and domestic abuse.

The reasons given by many abusers for their violent behavior -- financial stress, problems at work, unemployment -- are only "excuses, not the cause," she said. So is the often-used "excuse" of drinking too much or being high, Reynolds said.

What is known is that violence runs in families.

"Violence begets violence ... you learn what you're taught," Reynolds said.

In answer to such generational issues, people like the Rev. Dick Klaver, senior pastor of Ferry Memorial Reformed Church in Montague, have stepped forward with help. Klaver, who has been at the Montague

church since 1997, helped start a program called "Men At Peace" more than 20 years ago in California to teach men who had been abusive how to be nonviolent.

One of the first things Klaver had to face as a minister and mental-health therapist were people in the church who quoted the Bible to justify a man physically abusing a woman.

"I'd hear people expounding how religion validates male violence," Klaver said. "The church has covered up (domestic) violence by encouraging women to try harder ... to behave better ... and then you won't be beaten. That is a travesty."

The challenge ahead is to stop thinking of domestic violence as "a women's issue," Johnson said.

"This is a community issue. It belongs to men and women alike," she said. "It's going to take men and women to say this isn't how we want our communities ... our families ... to be."

©2007 Muskegon Chronicle

© 2007 Michigan Live. All Rights Reserved.





## Muskegon Chronicle

### Hispanic women often must face machismo culture, language gaps

Monday, October 08, 2007

By Federico Martinez

[fmartinez@muskegonchronicle.com](mailto:fmartinez@muskegonchronicle.com)

To batter his wife, the weapon he chose was fear.

"He used to get on top of me and clean his guns," recalled Belkis Flores, a 12-year victim of domestic abuse, "and tell me what he would do to me."

At night "he would bring a machete to bed and force me" to be intimate, said the 47-year-old Flores. To maintain the constant level of fear, her husband would sleep with the weapon under his pillow.

But she didn't think she could explain the abuse to authorities in West Michigan. She only spoke Spanish.

For many Hispanic women, especially those in the migrant labor stream or those without citizenship documents, the challenges of overcoming domestic abuse and violence can be daunting.

Some face language and cultural barriers; others are also isolated because they live in the country illegally. They often endure violence because they do not know where to turn.

Their numbers are hard to track because many never report their abuse.

"With undocumented women, there are more challenges," said Bea Rosalez, a legal advocate for abused women in West Michigan. "They can't get jobs. They don't qualify for financial assistance unless they have children.

"They're also afraid to reach out to the police because there's a fear of being deported."

This week, The Chronicle looks at the ongoing problem of domestic violence and how it affects different segments of society -- from spouses and partners to the children of assailants and victims and the police officers who intervene in emotionally and physically charged situations.

#### Hiding in fear

The Violence Against Women Act, approved by the federal government in 1994, is supposed to protect all women, regardless of immigration status.

The problem is convincing women who fear being deported, said Rosalez, who is employed by the Ludington-based Communities Overcoming Violent Encounters. The agency provides shelter and other resources for abused women in Oceana, Mason and Lake counties.

Another issue is that many law-enforcement and social service agencies don't always know about the protection the law provides. So, some agencies turn away abused women who aren't living legally in the U.S., advocates say.

But others are starting to respond to the area's flourishing Hispanic population.

Every Woman's Place has hired a full-time bilingual outreach worker to help with Hispanic needs, said Christina Scarpino, director of development for Every Woman's Place/Webster House Youth Services.

Many women and agencies also aren't aware that the 1994 federal act provides abused immigrant women with special immigration status -- a sort of amnesty. It allows victims to report crimes and then apply for temporary or permanent residency instead of facing deportation, said Teresa Cruz, a longtime West Michigan advocate for victims of abuse.

'Til death do us part

Her body was bloody and battered. The sounds of her sobbing were drowned out by the beating of her heart.

Andrea Cortez (not her real name) ran for what seemed like miles down remote dirt roads in Mason County. At last, she waved her arms frantically at a county bus bearing down on her.

She pleaded for help from the busload of strangers who didn't speak Spanish.

It had taken months of abuse for Cortez to get the nerve to leave her boyfriend. Pregnant and alone, she stayed in the relationship because she didn't know where to turn.

"I didn't know anybody," said Cortez, who lived for months in an isolated migrant housing camp in one of the most remote areas of Mason County.

Because the abuser likely is still living in West Michigan, her identity is being disguised. She was interviewed in the presence of shelter officials.

On the day she fled, the bus driver that stopped on the dirt road didn't understand Cortez's words. But he saw her physical wounds and took her to a local hospital emergency room, where she was treated.

She eventually healed. But the emotional wounds lingered.

Cortez, 28, came from Mexico to West Michigan with her boyfriend in May 2006 to work the fields. Soon after they arrived, her boyfriend ordered her to stop working. He wanted her to stay indoors at all times unless accompanied by him.

He made it hard for her to escape by destroying her temporary work visa and other identification documents.

"I had a lot of problems with him," recalled Cortez 17 months later. "He was very jealous and would hit me."

The violence escalated.

By September, Cortez was six months pregnant and the beatings had become severe. Her boyfriend stopped taking her to the doctor for prenatal checkups for fear he would see her bruises.

One night, he repeatedly strangled Cortez with a cord but stopped short of killing her.

Convinced that she and her unborn child would soon die, Cortez waited until morning when her abuser left for work in the fields. When dawn arrived, she made her break.

Cortez found temporary refuge in a West Michigan women's shelter, before moving in with a sympathetic, retired West Michigan physician and his wife.

Today, Cortez is in the process of acquiring her own home and applying for her U.S. citizenship.

Growing pains

Many instances of domestic violence don't have happy endings.

While the Hispanic population has more than doubled in the past two decades, facilities that specialize in help for Hispanic women remain few and far between. That can be especially problematic for Hispanic women who tend to live in remote, rural areas far away from shelters and hospitals.

Most agencies that provide services to abused women don't have bilingual staff members, said Sophia Ruiz, a former Oceana County outreach advocate for COVE.

Cultural problems also are common, and sometimes lead to the women becoming discouraged and returning to the abusive relationship, said Ruiz and Rosalez.

Those issues can range from having to adapt to a new diet at a shelter, to being challenged with a different value system.

In Mexican culture, women often are perceived more as personal property of men, and are discouraged from showing independence. Many immigrant women have not been taught to drive, manage money or learn English, said Ruiz.

Male "machismo" is so ingrained in the culture, men and women often believe it's OK for men to physically strike and verbally berate women, said Rosalez.

It's a powerful belief system that many abused Hispanic women have to work through, said Rosalez.

"It's a cycle," said Ruiz. "Young boys see (the abuse) and think it's OK. And the girls see it happening and think that's the way it's supposed to be.

"There's just not the money (for agencies) to provide a counselor for that."

Scarred and scared

It's been 13 years since Belkis Flores escaped her ex-husband's cruelty. The effects still linger.

"I see my oldest daughter going toward the same men," said Flores, who now lives in Grand Rapids with her three children. "Her boyfriend seems controlling. She seems very afraid of him."

She's tried to help by sharing her own experiences with her daughter. Flores said she's also tried to reassure her daughter that she can always turn to her mother for help and understanding.

Her own efforts to escape an abusive relationship were frustrated because her husband presented himself as "an angel and nobody would believe me," she said.

He demanded Flores work at the same factory with the same hours as him. He refused to let her get a driver's license or have money. At church or anywhere else in public, she was required to remain by his side. He did the speaking.

"I couldn't talk or look at anybody," said Flores.

One day, their eldest daughter's elementary school teacher requested a meeting with the Floreses.

During that meeting, Flores said she felt her husband's grip on her wrist tighten as the teacher expressed concern about their daughter's moodiness.

"Is something wrong?" the teacher asked.

There was a pause. Then her husband reassured the teacher he would resolve the problem.

The next morning, Flores' husband drove their daughter to school, Flores recalled. Before he returned to the house, she fled. Flores begged a stranger for a quarter and called her pastor's wife, who helped Flores and her daughter escape.

"I was afraid for so long," said Flores, who declined her extended family's subsequent offer to send money so she could return to New York with them. She needed to be with her children. "I had to stay there and face it.

"I told myself, if I run this time, I'll be running all my life."



## Migrant workers labor in grape harvest

By Melissa Domsic

mdomsic@record-eagle.com

OMENA -- A gust of wind blew through the vineyard and ripped netting from a harvester's grasp, then workers yelled to stop a tractor so they could secure the large, protective net over precious grapevines.

It's harvest season for local wineries, and workers at Leelanau Cellars are busying themselves protecting 70 acres of grapes they'll pick for the wine makers.

"It's a little difficult, but I'm accustomed to it because I've almost always worked in the field," Victor Magana said in Spanish while he twisted netting over grape vines on an unseasonably warm day last week.

Harvesters picked two acres of baco noir grapes -- more than 13,900 pounds -- early last week, Leelanau Cellars' general manager Tony Lentych said.

A crew of about 16 to 22 people are paid five cents for each pound they pick, foreman Juan Carlos Guillen said.

Workers like Guillen and Magana account for an estimated 1,400 migrant and seasonal farm laborers in Grand Traverse and Leelanau counties, according to a 2006 Michigan Department of Human Services study.

It's tiring, physical labor that most American-born people won't do, but a job for which these Mexican immigrants are grateful.

"Americans, they don't make it, they can't handle the work," Lentych said, recalling a local man who came to work the harvest. "He walked out at lunch; he didn't want to work like they did."

Guillen's foreman job helped send his three children to college and provides housing and better pay than he'd get in Mexico.

He moved to Texas in 1986, and has been in Michigan for 10 years. He started off as a seasonal laborer, but decided to stay in Leelanau County after his children lost school credits because they split their time between Michigan and Texas.

Magana also likes Michigan for his five children's sake. Originally from Mexico, he lived in California for 19 years and most recently in Texas. He came to Michigan in June to work the fruit harvests and is considering staying here year-round. He sees a better future for his children here because drugs were a problem in the schools they attended in Fort Worth, Texas.

Stories Guillen and Magana tell ring true for other local immigrant families.

Juana Moreno and her family couldn't find work in Mexico or Texas, so they moved to Leelanau County more than 10 years ago, she said while picking grapes last week.

Moreno works with her husband and son at Bel Lago Vineyard and Winery, where she said documented immigrant families like hers help maintain a stable workforce for local growers amid contentious national debate over immigration issues.

She's seen many scared migrants leave the area for Mexico or other states and not return, but there have been enough documented immigrants to work at the winery, she said.

Area growers have also said they haven't had serious difficulty in securing sufficient labor.

"A lot of those people are U.S. citizens, have been for a long time," said Larry Mawby, owner of L. Mawby Vineyards in Suttons Bay. "It's not an immigration issue. There are certainly some migrants around the country where there is an immigration issue, but I don't know specifically of any in this area."

Photos



Victor Maga picks vigneoles grapes at a Leelanau Cellars vineyard in Omena. Record-Eagle



Tafolla places a cluster of vigneoles grapes in a bucket at Leelanau Cellars vineyard in Omena. A crew of about 16 to 20 migrant workers pick grapes there. Record-Eagle



Angela Tafolla clips a cluster of vigneoles grapes Friday morning at a Leelanau Cellars vineyard. Record-Eagle



## KALAMAZOO GAZETTE

### Homeless event is Thursday in Van Buren Co.

Monday, October 08, 2007

BY ROD SMITH

Special to the Gazette

LAWRENCE -- A special event intended to help the homeless and near-homeless in Van Buren County will be held Thursday.

Representatives of 19 agencies will be on hand to provide help with food, housing, finances and medical, mental-health, legal, migrant and farmworker services. The event by the Van Buren County Continuum of Care, called Project Connection!, is set for 10 a.m. to 3 p.m. at the Van Buren Conference Center in Lawrence.

"It's a one-stop shop, essentially," said Shelley Klug, of the Benton Harbor-based Southwest Michigan Planning Commission, which is organizing the event.

"They can go from one-to-one-to-one getting the services they need," she said.

At any given time, there are usually 100 to 200 homeless people in Van Buren County, typically homeless families with children, officials say. About 30 percent to 40 percent of those homeless are children.

About one-third of the homeless have jobs.

"We do have a lot of working poor," Klug said. "Parents sometimes can't get jobs because there are child-care issues and they don't know what to do about it."

Thursday's event is also intended to reach people classified as "precariously housed." These are people nearing eviction, doubled-up, in substandard housing or living with family or friends.

Homeless or near-homeless persons who don't have transportation to Lawrence for Thursday's event can call Van Buren Public Transit for free bus service, Klug said.

There will be free, hot food served from 10 a.m. to 3 p.m.

For more information, or for transportation, call First Call for Help at (800) 310-5454.

©2007 Kalamazoo

© 2007 Michigan Live. All Rights Reserved.



## 'Coats for Kids' taking donations

HOMETOWN HEADLINES

**GENESEE COUNTY**

**THE FLINT JOURNAL FIRST EDITION**

Saturday, October 06, 2007

**By Holly Klaft**

**Journal Staff Writer**

GENESEE COUNTY - Residents can put old coats to good use this winter and help Michigan children by donating the outerwear to "Coats for Kids."

WIOG-FM (102.5) and WJRT (Channel 12) will collect gently used coats, hats, mittens and scarves in bins throughout Genesee, Saginaw, Midland, Ogemaw and Bay counties until Nov. 16.

Genesee County residents can drop off donations at the Genesee Valley shopping center in Flint Township; Courtland Center in Burton; Absolutely Best Dry Cleaners, 3607 Beecher Road, Flint; Missing Sock Coin Laundry, 9220 Lapeer Road, Davison; and Salvation Army locations.

Details: (989) 776-2106.

- Holly Klaft

\*\*\*

©2007 Flint Journal

© 2007 Michigan Live. All Rights Reserved.